

Mail Application To: State of Wisconsin
Department of Natural Resources
Box 7924
Madison, Wisconsin 53707

ASSISTANT CLAM BUYER LICENSE APPLICATION
Form 9400-393 Rev. 12-98

License Fee: FREE

The license on this application will expire on December 31.

Note: Use of this form is required by the Department for any application filed pursuant to s. 29.537, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

*A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

TO BE COMPLETED BY ISSUING AGENT
License Number
Date Issued
Issued By

Pursuant to the provisions of s. 29.537(3)(c), Wis. Stats., I hereby apply for an assistant clam buyer's license to operate in the manner provided by Wisconsin Statutes and Wisconsin Administrative Code.

(Please Type or Print)

Full Name of Applicant (First Name MI Last Name)	How long have you been a resident of the State of Wisconsin			
Street or Route	Wisconsin Driver's License Number			
City, State, Zip Code	*Social Security Number/Federal Employer Identification Number			
Telephone Number (Include Area Code)	Clam Buyer's License Number			
Date of Birth Mo. Day Year	Color Eyes	Color Hair	Weight	Height

I hereby certify that I am the person making the above application; that the statements therein are true; that my license privileges are not now revoked by reason of a conviction for a violation of the fish or game laws of Wisconsin; and I have maintained my permanent residence in Wisconsin the previous 30-days.

Signature of Applicant	Date Signed
------------------------	-------------

NOTE: This application must be signed by the commercial clam buyer that you will be assisting.

COMMERCIAL CLAM BUYER: I understand that I am responsible for all the acts relating to clamming performed by the above applicant and that I may be charged with and penalized for a violation of clamming laws and rules committed by the applicant while he or she is engaged in clam buying activities for me.

Signature of Clam Buyer	Date Signed
-------------------------	-------------